mid-Rolandic region. The general convulsions were attributed to this focus. Jacksonian, motor, or sensory attacks, had never occurred.

9. *Statistical Contribution to the Etiology and Symptomatology of Dementia Paralytica.*—A carefully tabulated report of 110 cases of general paralysis of the insane, observed in Siemerling's clinic in Tübingen, from 1894 to 1901. Of these 92 were men, 18 women. During this time there was noted an annual increase in the number of paralytics, especially women.

Etiology—In 57 per cent. antecedent syphilis was proven; in 23 per cent. probable; the remainder negative or unknown; alcoholism in 25 per cent.; a neuropathic predisposition in 31 per cent.; trauma in six cases; the larger number of cases occurred between the ages of 30 and 50.

Symptoms—The pupillary light reflexes were lost in 58 per cent.; altered in 92.7 per cent., and normal in 7.3 per cent.; inequality of the pupils in 83 per cent.; irregular outline in 69 per cent.; jumping pupils in 4 cases. Paradoxical reactions were noted once. The pupils were either normally contracted or moderately dilated; in six cases widely dilated. In these latter the reaction on convergence was also lost.

In Siemerling's comprehensive statistical study at the Berlin Charité, the light reactions were normal in 32 per cent. These cases were under observation only a short time.

The knee-jerks were exaggerated in 55 per cent.; diminished or absent in 33.6 per cent.; unequal in 18.2 per cent.; normal in 10.9 per cent. The exaggeration or diminution of the Achilles-reflex corresponded in a general way to the knee-jerks. Optic atrophy was present in 15.5 per cent. Romberg's symptom in 19 cases. Tremor of hands in 41 cases. Tremor of tongue in 95 cases. Inequality of facial innervation in 59 cases. Associated movements of the face in speaking, 42 cases. Central deafness 10 cases. Tactile sense disturbed in 16 cases. Pain sense disturbed in 63 cases. Muscular atrophies occurred in 10 cases [no R. D.]. There were apoplectiform and epileptiform attacks in 34.5 per cent., occurring more frequently in cases with exaggerated than with abolished knee-jerks. In 12.77 per cent. there was simple dementia without hallucinations or delusions. Hypochondriacal or exalted ideas were present in 67.3 per cent. Violent and prolonged states of mental excitement in 25.5 per cent. The average duration was 2 years and 4 months. In 2 per cent. of the cases, with evidences of pyramidal tract involvement, the first symptom noted was an unconquerable somnolence. J. R. HUNT, (New York).

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1. Three Cases of Tabes showing Granular Bodies in the Posterior Regions of the Medulla. PIERRE MARIE and BISCHOFF-SWERDER.
2. Vitiligo and the Sign of Argyll-Robertson of Syphilitic Origin. M. A. SOUQUES.

1. *Granular Bodies in Tabes.*—For five or six years the authors have made it a rule in all autopsies of tabes to examine the medulla by means of chromo-osmic staining, either according to the freezing method or that of Marchi. Three cases are described to show the disposition of the granular bodies. The histological examination is given very fully and technically, also the methods of preparation and staining. The authors conclude with the following considerations. It is known that the granular bodies are unmistakably indicative of recent degenera-

tion in nerve sheaths; in cases of too recent lesion for the appearance of this degeneration, they are not found, not until all the degenerated nervous matter shall have been eliminated. From the point of view of the age of a lesion and its degree of evolution, the presence or absence of these granular bodies is very significant. In numerous cases of tabes where granular bodies have been wanting, it may be inferred that the destructive pathological process in the posterior cords have ceased; and clinical observation confirms this. In certain old cases of tabes, in fact, the medullary affection seems to have stopped, and new symptoms are rarely noticed. The authors are justified in considering such as having arrived at a stage of the disease from which no farther progress will be made. Moreover, tabes is far from being the utterly fatal disease formerly described; on the other hand, it seems often to have a tendency to stop spontaneously, sometimes in the first period, sometimes after a lapse of years; and it is this factor which renders difficult the appreciation of therapeutic results.

Although results of clinical observation agree with anatomo-pathological investigation, one point must have reservations: in cases of tabetics who die with no granular bodies in the medulla, there are, nevertheless, some of which appear intermittently with the spasm of pain; however, it cannot be said that this symptom is related to the destruction of the medullary nerve fibers; in the three cases reported, the tabes was progressive and the granular bodies existed. One patient died thirty-four months after the appearance of pain, death being hastened by eschars; the second died five days after pain began, committing suicide by throwing himself from a window; the third died eight years after pain began, two years after the appearance of incoördination, committing suicide by cutting the genital organs. Thus in all, death came so soon that the tabetic progress was not completed, and the facts given were, therefore, established.

It is recommended that all who may have occasion to make autopsies of tabetic patients, especially of recent affection, should be careful to preserve and examine, by chromo-osmic reaction, some sections of the medulla for granular bodies; thus, in time, control may be gained of the facts which shall be learned.

2. *Vitiligo and the Sign of Argyll-Robertson.*—A man of sixty-nine years presented the three following symptoms: (1) Paresis of the left vocal cord with bitonal voice; (2) sign of Argyll-Robertson with bilateral myosis; (3) dischromia. The last, present for about fifteen years, was characterized by hypochromic spots surrounded by hyperchromic areas; it was on the trunk and encroached upon the thighs and buttocks; the upper margin, almost perpendicular to the axis of the body, began about two inches below the breasts; the lower margin extended from the front of the gluteal groove over the antero-internal surface of the thighs. The skin of the genital organs was heavily pigmented and presented near the raphe some hypochromic spots. The skin near the scrotum was thick and edematous, so that the region appeared deformed. When the patient entered he had two long serpiginous papulo-squamous syphilides on the abdomen, extending parallel from one antero-superior iliac spine to the other. These typical syphilides disappeared rapidly and completely after a few hypodermic injections of cyanate of mercury. There were no other significant symptoms. Lumbar puncture remained ineffective, though inducing headache and vomiting.

This man could hardly be considered tabetic, but rather, theoretically, a candidate for tabes or general paralysis, as the sign of Argyll is a very frequent symptom of this. But after years of isolation, no further sign appeared. Although the sign of Argyll is associated with syphilitic affections of the nervous system, hemiplegias, myelitis, etc., still it is the single morbid symptom in some cases. In the present case the sign of Argyll and dischromia were independent symptoms, but related through the common cause, syphilis, affecting the nerve centers. Similarly, in vitiligo of tabetics, instead of trophic trouble of tabes, might it not be interpreted as cutaneous trouble dependent upon syphilis? With this hypothesis tabes and vitiligo would constitute an association of coëxistent affections in the same case, with common etiology, syphilis; from the fact that lumbar puncture gave no result, it is probable that the cephalorachidian liquid had spread through the perirachidian tissues. JELLIFFE.

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1. Muscular Psychoses. A. JOFFROY.

1. *Muscular Psychoses.*—Psychical functions have been compared in normal and pathological states, and it is not difficult to show the harmony between the different functions of the brain, psychical, motor, sensitive, trophic, all uniting in a way to form one indivisible function. A consequence of this is that in passing from the normal to the pathological state the psychical, motor, sensitive and trophic troubles may all be associated; this is proven in all the affections which originate in insufficient or abnormal development of nervous centers, as chorea, tic, tabes, syringomyelia, muscular atrophy and general paralysis. Coëxistence of motor and psychical trouble is not characteristic of any one malady, but a fact only wanting confirmation, whether in neuropathology one studies the diverse affections of the neuromuscular system which explains degeneration, or whether in psychiatry one examines the various psychoses.

For instance, in Huntington's disease mental troubles more or less pronounced will invariably coëxist with motor affections. This affection is not confined to the one member of the family affected, but often extends to more members, either in motor or mental degeneration. Facts bearing on this relationship of psychical and motor trouble, may be observed in Thomsen's disease, and Parkinson's disease may also be cited, where this point has not been sufficiently noticed. In a family in which Parkinson's disease exists there may be found not only other members with the same disease, but also choreaics, hysterics, epileptics and aliens, with cases of ataxia and headache; and there is especially emphasized the coëxistence of mental trouble, hallucinations, illusions and disorder of general sensibility with Parkinson's disease. Further, the same psychomotor complex is observed when, instead of considering muscular troubles, the psychoses are studied. General paralysis is put aside, as hallucinations, illusions and delirium constitute only a complementary syndrome, as mental trouble in chorea. In melancholia, however, besides troubles of sensibility, hyperesthesia, anesthesia and dysesthesia, which are prominent, functional muscle troubles are often seen. This is still more noticeable in certain forms of mental confusion, especially in *démence précoce,* whether by automatic movement or by that curious syndrome known as katatonia.

One case is reported to show the coëxistence of motor and mental degeneration in the same patient. A man of twenty-six years was afflicted with muscular atrophy. A summary examination sufficed to show that the first segment of the limbs was more affected than the extremities. The thigh was most atrophied, the leg notably so, while the foot showed only deformation due to tendinous retractions; corresponding gradation showed in the upper limbs, where the hands were almost